

1126

ARIZONA STATE DEPARTMENT OF HEALTH

254

(This return should preferably be made by the person who made the original) DIVISION OF VITAL STATISTICS SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Chandler County Maricopa No. St.

SEX OF CHILD* Male	Twin Triplet or other?	and	Number in order of birth
DATE OF BIRTH* Oct. 3, 1923	(Month)	(Day)	(Year)
FULL NAME Thomas Jefferson	FATHER	Wann	
FULL MAIDEN NAME Hattie Lee Jacke	MOTHER		

I HEREBY CERTIFY that the child described herein has been named

Robert Clifton Wann
(Give name in full)

Mildred Wann
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of Birth may be obtained from the local registrar.

10M 11-41 A.P.

965-1003-812